

Children's Cabinet  
Work Group on Trauma Informed Care

*Tuesday, October 16, 2018*

*1:00 – 3:00 PM*

*Greater Richmond SCAN, 2006 Bremo Rd, Suite 102  
Richmond, Virginia*

***DRAFT MEETING MINUTES***

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**Members Present:** Amy Atkinson, Ashaki McNeil, Camille Cooper, Cherice Hopkins, Christian Paasch, Emily Griffey, Greta Rosenzweig, Heather Board, Jo Wilson-Harfst, Laurie Crawford, Nicole Poulin, Nina Marino, Donna Colombo, Sandy Chung, Scott Reiner, Laurel Marks, Bela Sood, Jonathan Yglesias, Stephanie Lynch, Margaret Nimmo Holland, Shardell Gerald, Jeanine Harper, Valerie L'Herrou

**Members Absent:** Al Steward, Emily Creveling, Yasmin Vafa, Ruth Micklem, Jodi Manz

**I. Welcome**

Deputy Secretary Gena Berger welcomed the participants in attendance to the meeting to further discuss trauma-informed care in Virginia. She thanked Greater Richmond SCAN for hosting the meeting at their facility and introduced Jeanine Harper to provide an overview of Greater Richmond SCAN's mission and organization.

**II. Presentation on Greater Richmond SCAN (Stop Child Abuse Now)**

Jeanine Harper, the Executive Director of Greater Richmond SCAN, presented to the other participants on the mission of Greater Richmond SCAN and the work and services that the organization provides. Ms. Harper explained that SCAN has five locations throughout the Greater Richmond area and is dedicated to preventing and treating child abuse and neglect. SCAN provides a variety of services through programs such as their Child Advocacy Centers and the Trauma-Informed Community Network. Additionally, the organization advocates on a number of issues directly related to trauma-informed care, and has been a resource for policymakers and local leaders.

**III. Discussion of Problem Statement**

The participants engaged in a facilitated conversation led by Deputy Secretary Berger regarding the problem statement that the group is using to frame and focus the discussion of trauma-informed care.

#### **IV. Small Group Discussion and Presentations**

Participants discussed the role and importance of incorporating trauma-informed care in five key areas: 1) child welfare and the courts, 2) public safety and juvenile justice, 3) housing, 4) education, and 5) primary and behavioral healthcare. Participants briefly discussed various metrics and data that could be used to better understand the impact and implementation of trauma-informed care.

Discussion surrounding trauma-informed care in the context of child welfare and the courts emphasized child advocacy centers' best practice courts, social services, and youth advocacy groups. Participants talked about the need for social workers and administrators in this sector to be trained in trauma-informed care and response.

Discussion on the topic of trauma-informed care in the context of public safety and juvenile justice centered around nonprofit providers, CSBs, and the juvenile justice system. Participants identified groups who should be trained in trauma-informed care to be school personnel, SROs, law enforcement, courts, prosecutors, juvenile justice staff, communities, and first responders. Participants discussed the importance of ensuring that processes do not retraumatize individuals and the need to have personnel in various roles that are trained in trauma-informed care.

When talking about the role of trauma-informed care in the context of housing, participants focused on the importance of building trauma-informed care within communities. Individuals discussed the impact that training related to trauma-informed care practices could have on organizations such as housing authorities, supportive housing and shelters, and other groups that provide services to communities and the families with whom they engage.

Participants also emphasized the importance of trauma-informed care in the education system and discussed the benefits of training teachers, administrators, counselors, and SROs in trauma-informed care. Participants identified various methods for training school personnel in trauma-informed care including through preparation courses and school/division programming opportunities. Participants also highlighted the impact of school counselors and social workers on students.

In the discussion of trauma-informed care in primary and behavioral healthcare, participants focused on how to increase brief trauma screening in primary care and care coordination to trauma-trained providers. Participants talked about the benefits of having some core competencies and certification to be a trauma-trained mental health worker. In

general, the group was able to discuss a number of areas where trauma-informed approaches could be beneficial in the area of primary and behavioral healthcare.

**V. Adjourn**

Deputy Secretary Berger concluded the meeting by discussing the upcoming meetings that will be held in the coming months as well as the report.